

Immunizations *from A to Z PLUS*

This free educational training encompasses all aspects of immunization practices.

October 1, 2009, 8:30am to 3:30pm

Hosted by the Ft. Wayne Allen County Health Department;

Breakfast & Lunch provided courtesy of sanofi pasteur

City/County Building, 1 East Main, Fort Wayne, IN Class will be held in Omni Room, 2nd floor

Parking in garage (approximately \$7/day)

For location information, contact Candy Staadt, 260-449-3516

For training information, contact Jodi Morgan, ISDH at (317) 416-2260

Who Should Attend?

This training is for anyone who provides immunizations, or is interested in learning more about vaccine preventable diseases.

Past participants include NPs, RNs, LPNs, CNAs, MDs, MAs, PAs, & faculty and students in the medical field.

Immunizations from A to Z PLUS

Optional sessions following the A to Z training. Informational session on the Vaccines for Children (VFC) program and a Q & A session on the immunization registry CHIRP. Additional session will be held following A to Z session.

Topics Included

Principles of Vaccination
Vaccine Preventable Diseases
Child & Adolescent Immunizations
Adult Immunizations
General Recommendations
Safe & Effective Vaccine Administration
Vaccine Storage & Handling
Vaccine Misconceptions
Reliable Resources

Registration Form (Deadline: September 25, 2009, 4:00pm)

To register fax this form to **(317)-233-3719**. A separate form must be used for each person. *Please print clearly.* Confirmations will be sent via **email** only. If you do not have an email address, you will not receive a confirmation notice but will still be registered.

Name _____ Credentials (RN, LPN, MD, etc.) _____

Practice/Clinic _____ Job Title _____

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Daytime Phone _____ Business Fax _____

Email _____ VFC Provider PIN _____

Have you attended the Immunizations from A to Z training before?

☐ Yes ☐ No

Would you like to receive our Immunization E-Newsletter by Email?

☐ Yes ☐ No

Are you currently a CHIRP user?

☐ Yes ☐ No

If No, would you like more information on CHIRP?

☐ Yes ☐ No

Are you currently a VFC Provider?

☐ Yes ☐ No

If No, would you like more information on the VFC program?

☐ Yes ☐ No

Indiana State Department of Health, Immunization Program

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